


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000052281		
1. Entity Name CARVER LOGGING, INC.		
Principal Place of Business 6128 STAFF RD. CRESTVIEW, FL 32536 US	Mailing Address 6128 STAFF RD. CRESTVIEW, FL 32536	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARVER, ROBERT 6128 STAFF RD. CRESTVIEW, FL 32536		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Robert B Carver</u> DATE: <u>11/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARVER, ROBERT 6128 STAFF RD. CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARVER, BOBBIE 6128 STAFF RD. CRESTVIEW, FL 32536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: <u>Robert B Carver</u> DATE: <u>4/28/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1392096	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000549507
05/13/06-20023-013 150.00